



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4530

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/674,019 | FILING DATE<br>09/30/2003<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3733 | ATTORNEY<br>DOCKET NO.<br>026254-00017 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Mauricio Rodolfo Carrasco, Buenos Aires, ARGENTINA;

\*\* CONTINUING DATA \*\*\*\*\* *NONE AK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *OK AK*  
 ARGENTINA P020103711 10/02/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/07/2004

|   |                                  |                        |                       |                            |
|---|----------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>ARGENTINA | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged<br><i>Amalia Carrasco</i><br>Examiner's Signature Initials |                                  |                        |                       |                            |

ADDRESS  
 004372  
 ARENT FOX PLLC  
 1050 CONNECTICUT AVENUE, N.W.  
 SUITE 400  
 WASHINGTON , DC  
 20036

## TITLE

Method for correcting a deformity in the spinal column and its corresponding implant

|                 |   |   |
|-----------------|---|---|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees   |
| RECEIVED<br>485 |   | <input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |

|  |                                 |
|--|---------------------------------|
|  | <input type="checkbox"/> Other  |
|  | <input type="checkbox"/> Credit |